EXHIBIT C

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	ES HANKRIUS (C ASSEMBLE SELECTION OF THE	PRO	OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor		Case N	Case Number		D s31334
USA Commercial	Mortgage Company	06-10725-LBR		Amount/Classific	
				\$32 688 36 Unse	cured
This form should not be use arising after the commence	st of Debtors and Case Numbers ed to make a claim for an administrative ex ement of the case A request for payment y be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		ected above constitute your claim as
Name of Creditor and Address EVIE DEAN 2000 TRUST DATED 12/12/00 C/O EVIE DEAN TRUSTEE 29 PHEASANT RIDGE DR HENDERSON NV 89014 2110		O0553 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the		scheduled by the Debtor or pursuant to a filed claim you agree with the amounts set forth herein and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Continge Unitquidated or Disputed, a proof of claim must be filed.	
Creditor Telephone Number	or (102 ろみひ ろうが) or other number by which creditor identifies	debtor			CE IS FOR COURT USE ONLY
2444 OR	8000 5051	400101	CHOCK Here		y filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	S C § 1114(a)	Unremitted principal
Goods sold Services performed	☐ Personal injury/wrongful death ☐ Taxes		salaries and compensation	(fill out below)	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services p	erformed from	(date) to (date)
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT, DATE	OBTAINED	(date) (date)
4 CLASSIFICATION OF C	LAIM Check the appropriate box or boxes that	best descri	be your claim and state the amoi	unt of the claim at th	e time case filed
See reverse side for importal UNSECURED NONPRIOR	21 (1/ 21		SECURED CLAIM		
Check this box if a) there exceeds the value of the p	is no collateral or lien securing your claim or b) yoroperty securing it or if c) none or only part of you	our claim ir claim is	Check this box if y a right of setoff)	your claim is secu	red by collateral (including
entitled to priority UNSECURED PRIORITY OF	N AIM		Brief description of	of collateral	
I—	e an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Other
entitled to priority			Value of Collatera	ıl \$	
Amount entitled to priority Specify the priority of the			Amount of arrearage a secured claim if any	and other charges	at time case filed included in
Wages salaries or comm	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) nissions (up to \$10 000) earned within 180 days		Up to \$2 225 of deposits tow services for personal family	ard purchase lease or household use 1	or rental of property or 1 U S C § 507(a)(7)
before filing of the bankrui	ptcy petition or cessation of the debtor's riler 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go	ovemmental units 1	1 U S C § 507(a)(8)
c==	yee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable par		- (, (,
			Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$ 32,668.36 \$	32,6	068,36 \$		\$ 32,668.36
	(unsecured) cludes interest or other charges in addition to th		secured) amount of the claim Attach ite	(priority) emized statement ((Total) of all interest or additional charges
6 CREDITS The amount	of all payments on this claim has been cre-	dited and	deducted for the purpose of	making this proof	of claim
7 SUPPORTING DOCU	IMENTS <u>Attach copies of supporting docu</u> acts court judgments mortgages, security	<i>ıments</i> , sı agreemen	uch as promissory notes pull its and evidence of perfection	rchase orders inv	inices itemized statements of
	py To receive an acknowledgment of the				d envelope and copy of this
ACCEPTED) so that it i	mpleted proof of claim form must be sen is actually received on or before 5 00 pm	, prevaili	ng Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or ent governmental units) BY MAIL TO	ity (including individuals, partnerships, o	corporation	ons, joint ventures, trusts : OR OVERNIGHT DELIVERY TO	and	FILED
BMC Group	ocketing Center	BMC Gro	up		NOV TO SUDE
Attn USACM Claims Do P O Box 911 El Segundo CA 90245 (•	1330 Eas	ACM Claims Docketing Centi It Franklin Avenue do CA 90245	⊎r	HAT TO SUUD
DATE	SIGN and print the name and title if any of the this claim (attach copy of power of attorni	creditor or			USA CMC
11-6	Unis claim (straich copy or power of attorni	,			1072501206

Case 06-10725-gwz Doc 8054-3 _ En	tered 05/14/10 16:08:48 Page 3 of 11					
	OOF OF CLAIM					
Name of Debtor (Server) 15T Case No Commercial TRUST Deeds Case No. (SA MORTA Age TRUST Deeds	ımber					
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of					
Name of Creditor and Address	statement giving particulars					
THE EVO E ZEPPONI AND BILLIE D ZEPPONI FAMILY TRUST UNDER AGREEMENT DATED 2/9/1993 C/O EVO ZEPPONI AND BILLIE ZEPPONI TRUSTEES	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS					
14385 W MORNING STAR TRL SURPRISE AZ 85374-3816	Check box if this address differs from the address on the envelope sent to you by the Check box if this address on the envelope sent to you by the Check box if this address of the Sankruptcy Court or BMC you do not need to file again					
Creditor Telephone Number (45) 456-1506 623-546-7876	court THIS SPACE IS FOR COURT USE ONLY					
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed claim dated if this claim amends					
1 BASIS FOR CLAIM Retiree	penefits as defined in 11 U S C § 1114(a) Unremitted principal					
Goods sold Personal injury/wrongful death Wages,	salaries and compensation (fill out below)					
[Other (december 1)	r digits of your SS# 4408 (not for loan balances)					
Money loaned Other (describe briefly) Unpaid of TwTeresT Arom 3-1-06 To 4-13-06	compensation for services performed from $3-1-06$ to $4-12-06$ (date) (date)					
	OURT JUDGMENT, DATE OBTAINED					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described reverse side for important explanations	ibe your claim and state the amount of the claim at the time case filed					
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM					
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral					
UNSECURED PRIORITY CLAIM	,					
Check this box if you have an unsecured claim all or part of which is entitled to priority	☑ Real Estate					
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in					
Specify the priority of the claim	secured claim, if any \$ 3, 691 66					
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)					
business whichever is earlier - 11 U.S.C. § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) ()					
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment					
5 TOTAL AMOUNT OF CLAIM \$ \$ 3,6	9166\$					
	amount of the claim Attach itemized statement of all interest or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and of	leducted for the purpose of making this proof of claim					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary						
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of y proof of claim						
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and						
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center						
P O Box 911 1330 Eas	t Franklin Avenue do CA 90245					
DATE SIGN and print the name and title if any of the creditor o	r other person authorized to file					
10-2-06 Evo E Zeppon:	USA FIRST TRUST 1072800060					
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to						

	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS			
Name of Debtor	Case Nu	ımber	Schedule/Claim ID s31337			
USA Commercial Mortgage Company		725-LBR	Amount/Classification			
	l		\$1 359 49 Unsecured			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administration arising after the commencement of the case. A "request" for paradministrative expense may be filed pursuant to 11 U.S.C. § 50 Name of Creditor and Address	yment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file			
FARRAH M HOBBS REVOCABLE TRUST DATED 3/12/04 C/O FARRAH M HOBBS TRUSTEE 3010 PARCHMENT CT		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be			
LAS VEGAS NV 89117-2557	!	Check box if this address differs from the address on the envelope sent to you by the	filed If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again			
Creditor Telephone Number (7) 2, 367-76		court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor ide	entifies debtor	Check here replace or if this claim amen	a previously filed claim dated			
1 BASIS FOR CLAIM		penefits as defined in 11 U S	C § 1114(a) Unremitted principal			
Goods sold Personal injury/wrongful deat	th Wages	salaries and compensation (fill out below)			
Services performed		r digits of your SS#	,			
Cities (describe bitelly)	Unpaid o	compensation for services pe	formed from to(date)			
2 DATE DEBT WAS INCURRED 1-1-2006	3 IF C	OURT JUDGMENT, DATE O				
4 CLASSIFICATION OF CLAIM Check the appropriate box or be See reverse side for important explanations	oxes that best descri	ibe your claim and state the amo	unt of the claim at the time case filed			
UNSECURED NONPRIORITY CLAIM \$ 50,000	>	SECURED CLAIM				
Check this box if a) there is no collateral or lien securing your clair exceeds the value of the property securing it or if c) none or only pentitled to priority	m or b) your claim	a right of setoff)	our claim is secured by collateral (including			
UNSECURED PRIORITY CLAIM		Brief description of				
Check this box if you have an unsecured claim all or part of which entitled to priority	IS	Real Estate L Value of Collateral	Motor Vehicle U Other			
Amount entitled to priority \$	Amount of arrearage ar	nd other charges at time case filed included in				
Specify the priority of the claim		secured claim if any	5			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)			ard purchase lease or rental of property or r household use 11 U S C § 507(a)(7)			
Wages salanes or commissions (up to \$10 000)* earned within 1 before filing of the bankruptcy petition or cessation of the debtor's	80 days	•	vernmental units 11 U S C § 507(a)(8)			
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable para	agraph of 11 U S C § 507(a) ()			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus with respect to cases commen	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment			
5 TOTAL AMOUNT OF CLAIM \$ 50,600	\$	\$	\$ 50,000			
AT TIME CASE FILED (unsecured)	,	secured)	(priority) (Total)			
Check this box if claim includes interest or other charges in addit	ion to the principal	amount of the claim Attach iter	mized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary						
8 DATE-STAMPED COPY To receive an acknowledgment proof of claim	nt of the filing of y	our claim enclose a stamped	self-addressed envelope and copy of this			
The original of this completed proof of claim form must in ACCEPTED) so that it is actually received on or before 5 for each person or entity (including individuals, partners governmental units) BY MAIL TO BMC Group	00 pm, prevailin hips, corporation	g Pacific time, on Novembe ns joint ventures, trusts an OR OVERNIGHT DELIVERY TO	r 13, 2006 USE ONLY			
Attn USACM Claims Docketing Center P O Box 911	FILED JAN 1 6 2007					
El degundo CA 30245						
DATE SIGN and print the name and title if a this claim (attach copy of power	ny of the creditor or of attorney if anv)	other person authorized to file				
1-10-07		2	USA CMC [11 1 1 1 1 1 1 1 1 1 1 1 1			
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impi	nsonment for up to !	S vears or both 18 U.S.C. 66 1	52 AND 3571 1072502347			

FORM B10 (Official Form 10) (10/05)		
UNHID STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubios USA COMMERCIAL MORTGAGE CE	Case Number 06 -10725-4BR	
NOTE This form should not be used to make a claim for an administrative expense ma	strative expense arising after the commencement by be filed pursuant to ff USC § 503	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) FREDA NEWMAN, TRUSTED FREDA NEWMAN TRUST 1/26/184 Name and address where notices should be vent FREDA NEWMAN Clo Danies NEWMAN Telephone number 928 282 5466	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankrupley court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	This Space is for Court Use Orig
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	ed claim dated
1. Basis for Claum Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser from	vices performed
2. Date debt was incurred OCTOBER 29 2003	3. If court judgment, date obtained	d
4 Classification of Claim. Check the appropriate box or boxes the Sec reverse side for important explanations. Unsecured Nonpriority Claim sLINE # OF EX A Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority.	Secured Claim Check this box f your claim a right of setoff)	is secured by collateral (including
Unsecured Priority Claum Check this box if you have an unsecured claim all or part of we cattilled to priority	which is Real Estate Motor Value of Collateral \$\(\tilde{L}\)Amount of arrearage and other cha	Vehicle Other————————————————————————————————————
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	Up to \$2 225* of deposits toward put or services for personal family or ho	rchase lease or rental of property
(a)(1)(B) Wages salaries or commissions (up to \$10,000),* earned within days before filing of the barkruptcy petition or cessation of the debte business whichever is earner 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)	Taxes or penalties owed to government 180 Other - Specify applicable paragraph *Amounts are subject to adjustment on 4/	of II USC § 507(8)()
5 Total Amount of Claim at Time Case Filed	LN45XA LN4 EXA	LNYEXA
Check this box if claim includes interest or other charges in add interest or additional charges	lition to the principal amount of the claim. Attac	(prionity) (Total) ch itemized statement of all
 Credits The amount of all payments on this claim has been making this proof of claim 	credited and deducted for the purpose of	THIS SPACE IS FOR COURT US ONLY
7 Supporting Documents Anach copies of supporting docume orders invoices itemized statements of running accounts corura agreements, and evidence of perfection of iten DO NOT SENI documents are not available explain if the documents are volum Bate-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	D ORIGINAL DOCUMENTS If the	ED JAN 1 1 2007
JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the JAVI 9 Sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and print the name and trile if any of the sign and trile if any of th	he creditor or other person authorized to ney if any) REDAJ NEWM AN	
see I reuman	IKUDICE	USA CMC

Case 06-10725-gwz Doc 8054-3 Entered 05/14/10 16:08:48 Page 7 of 11 **FORM B10 (Official Form 10) (10/05)**

Name of Dubtor (Case Number (Check box if you have never received any note about the bankruptcy court in this case (Check box if you have never received any note about the bankruptcy court in this case (Check box if you have never received any note about the bankruptcy court in this case (Check box if you have never received any note about the bankruptcy court in this case (Check box if you have never received any note about the bankruptcy court in this case (Check hox if you have sent to you have heart of the bankruptcy court claim, a	UNITED STATES BANKRUPTCY COURT	Dr	TRIC	OF	Nevad	а	DDOOR OF OLAR!	
NOTE The form should not be used to make a claim for an administrative expense arraing after the commencement of the case. A recognition property of the case of the count of	Name of Dubtor						PROOF OF CLAIM	
Name of Creditor (The person or other entity to whom the distort owns manay or property) Control Cont	Case Humber							
Name of Creditor (The person or other entity to whom the debtor ower money or property) Name of Creditor (The person or other entity to whom the debtor ower money or property) Name of Creditor (The person or other entity to whom the debtor ower money or property) Name and address where notices should be vent Name and address on the everybee sent to you by Intercent Notice possible of the control of the debtors of the solid should be control of the debtor of the solid should be control of the con		7						
Leave the short of claims relating to your claim. Also copy of statement giving particulars								
Leave the short of claims relating to your claim. Also copy of statement giving particulars	Name of Creditor (The person or other entity to whom the	Ch	ck bo	c if vo	ou are awa	ire that anyone	1	
Name and address where notices should be vent Name and address of the bankrupely court in this scale Check box if the address of the should be count Name and address of the should be count Name and address of the solid property in the count Name and a previously filed claim dated Name and a previously filed claim date Name and a previously filed claim and state the amount of the claim at the time case filed secrete your claim and state the amount of the claim at the time case filed secrete your claim and state the amount of the claim at the time case filed secrete from the property of state from the s	•	else	has fi	led a	proof of c	laim relating to		
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Name, and address where notices should be sent Combined to provide the properties of the bankrupty court in this case Case Date			٠.			ver received any		
Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Chair Check his box if you have an unsecured claim ail or part of which is entitled to priority Chair Check his box if you have an unsecured claim ail or part of which is entitled to priority Chair Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim ail or part of which is entitled to priority Check his box if you have an unsecured claim is or part of which is entitled to priority		not	ices fr					
Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim. The Smc1 is replaced The Score of Claim.	7731 LANGUATOTH ROAD			k if th	e address	differs from the		
Last four digits of account or other number by which creditor intentifies debtor intentifies debtor intentifies debtor intentions and previously filed claim dated	DAKEDAK, CA 95361	1		n the e	envelope s	sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Sepasis for Claum Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II U S C § 1114(a) Retriee benefits as defined in II			-	e	replaces			
Coods sold Services performed Wages salaries and compensation fill out below) Last four digits of your SS # Unpaid compensation for services performed From	•				amends	a previously fil	ed claim dated	
Coods sold Services performed Wages salaries and compensation (fill out below) Lawforw (planed Personal injury/wrongful death Taxes SEE XHI BIT A	1 Basis for Clarm	<u> </u>	П	Ren				
Services performed Unpard compensation for services performed Unpart Compensation for services performed Unpart Compensation for services Unpart Compensation for	1 1 1		H	Wag	ges saları	es and compens	ation (fill out below)	
Personal injury/wrongful death Taxes Contributions to an employee benefit plan - 11 U S C § 507(a)(1)	Services performed		11	Lasi	t four digi	its of your SS#		
Takes Other SEE THRIT A (date) (date	Money loaned			-	-			
2 Date debt was incurred 3. If court judgment, date obtained 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important capitaphones (GG 2 S 4 S 5 C 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1				tron	n	(date)	(date)	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important caplapations (Lio Z 2 1 1 2 1 2 1 1 2 1 2 1 2 1 1 2 1	Other Other	- 1 -						
Sec reverse side for important caphagabons Clo 2 1 2 2 2 2 2 2 2 2	2 Date debt was incurred	3.	If c	ourt	judgmen	it, date obtaine	i·	
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Check this box if a) there is no collateral or lien securing your claim, or only part of your claim exceeds the value of the property securing it, or if c) none or only part of your claim is secured by collateral (including a right of sector). Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (3/1/18). Wages, salaries or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earther 11 U.S.C. § 507(a)(3). Check this box if your claim is secured by collateral and included in secured claim. If any supporting documents is a secured by collateral and included in secured claim. If any supporting documents such as promissory notes, purchase or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earther 11 U.S.C. § 507(a)(3). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(3). Check this box if claim includes interest or other charges in addition to the principal amount of Alphanian and Alphanian (priority). Total (insected). Check this box if claim includes interest or other charges in addition to the principal amount of the date of adjustment with respect to cases commenced on or after the date of adjustment of all interest or additional charges. Total Amount of Claim at Time Case Filed (insected). Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Thus Stoci is for Court Us Only making this proof of claim. Supporting Documents. Anach copies of supporting documents such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence	See reverse side for important explanations \$ 662,81457	- ^						
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FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	STRICT O	I Nevada				
Name of Dubtor	Case	Number	25-LBR	PROOF OF CLAIM			
USA COMMERICAL MORTGAGE COM							
NOTE This form should not be used to make a claim for an ad-	ministrative exp	pense arisin	g after the commenceme	ent			
of the case. A request for payment of an administrative expens	e may be tiled	pursuant to	5 11 U.S.C. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property)			ou are aware that anyon a proof of claim relating				
GILBERT MANUEL, TRUSTEE OF TH	F 900	ir claim Ai	ttach copy of statement	W			
GILBERT MANUEL LIVING TRUST DATED 1/3	3/9/1	ing particul	ars you have never received :	on.			
Name and address where notices should be sent GILDERT MANUEL	noti	ices from the	he bankruptcy court in t				
4617 CONSTITUTION AVE NE	Che		he address differs from t	he			
ALBUQUERQUE, IVM 87/10 Telephone number (505) 266 3183		ress on the court	envelope sent to you by	THIS SPACE IS FOR COURT USE ONE			
Last four digits of account or other number by which creditor		ck here	replaces				
rdentifies debtor	ıf th	us claim	amends a previously	y filed claim dated			
1 Basis for Claum				m 11 USC § 1114(a)			
Goods sold Services performed			ges salaries and comp at four digits of your SS	ensation (fill out below)			
Money loaned			paid compensation for				
Personal injury/wrongful death Taxes		fro	m	to			
Other SEE EXHIBIT H			(date)	(date)			
2 Date debt was incurred 6-28-04	3	If court	judgment, date obtai	ned			
4 Classification of Claim Check the appropriate box or boxe	es that best des	cribe your	claim and state the amo	ount of the claim at the time case file			
Sec reverse side for important explanations. Unsecured Nonpriority Claim \$ 243 374.30	,	Secure	d Claim				
Check this box if a) there is no collateral or lien securing	vous claim or	LL C	heck this box if your cla of setoff)	um is secured by collateral (including			
b) your claim exceeds the value of the property securing it or it only part of your claim is entitled to priority							
Unsecured Priority Claim	ateral stor Vehicle Other						
Check this box if you have an unsecured claim all or part	HNKNOWN						
entitled to priority	charges at time case filed included in						
Amount entitled to priority \$	13.21						
Specify the priority of the claim Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C							
Domestic support obligations under 11 U S C \(\delta \) 507(a)(1)(i)	A) or	§ 507(a)(s ror personal ramily o	r nousehold use - 11 U S C			
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Contributions to an employee benefit plan - 11 U.S.C. § 50	7 67	nounts are with respe	subject to adjustment of ect to cases commenced	n 4/1/07 and every 3 years thereafter on or after the date of adjustment			
5 Total Amount of Claim at Time Case Filed			7430 243,37430				
Check this box if claim includes interest or other charges in interest or additional charges		(unsecured	(secured)	(mnonty) (Total)			
6. Credits The amount of all payments on this claim has b	een credited a	nd deducte	ed for the purpose of	THIS SPACE IS FOR COURT USE ONLY			
making this proof of claim				THE DIRECTION COOK! ON UNIT			
7 Supporting Documents Attach copies of supporting doc orders invoices itemized statements of running accounts or	cuments such a	as promiss	ory notes purchase	HER LANE 4 A 20			
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8 Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim	ie illing of you	ir claim en	ictose a stamped self				
Date Sign and print the name and title if any,	of the creditor	or other p	person authorized to	1			
file this claim (attach copy of power of a Silver manuel, trusts	attorney if any	/)					
GILBERT MANUEL		EE					

Penalty for presenting fraudulent claum. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571



	Case	e 06-10725-gwz	Doc 8054-	3 En	tered 05/14	/10 16:0)8:48 Pag	ne 9 of 11	
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Na	me of Debtor			Case Nu	mber				
U	SA Commen	CIAL MONTHAL	TE CO	BK-	5-06-1072	25LBR			
This arisi	form should not be used ing after the commencen	t of Debtors and Case Nu d to make a claim for an a nent of the case A "requ be filed pursuant to 11 U	administrative expensest" for payment o		Check box if y aware that anyone filed a proof of claim to your claim. Atta	e else has im relating	REC'D SI	EP 2 5 20	06
	TRUST DAT C/O GLENN 39 BRIDGEF NEWPORT I	ARRIE DONAHUE LIVIN ED 4/30/94 M DONAHUE AND CAR PORT RD BEACH CA 92657-1015	RIE DONAHUE TI		statement giving p Check box if y never received any from the bankrupte	you have y notices cy court or case this address idress on the	SECURED INTEI ONE OF THE DE If you have air Bankruptcy Court	ready filed a proof of or BMC you do no	WER THAT IS NOT claim with the t need to file again
		949 7951676 other number by which o			COUIL		THIS SPAC	E IS FOR COUR	TUSE ONLY
	7158	oner number by which c	aeditor identifies d	eproi.	Check here if this claim	replac	a previously	filed claim dated	
	ASIS FOR CLAIM	Пъ		Retiree b	enefits as defined	d in 11 U S	C § 1114(a)	☐ Unremitted	principal
	Goods sold Services performed	Personal injury/wro	ingtul death	Wages, s	alanes, and com	pensation (fill out below)	Other claim	s against servicei n balances)
	Money loaned	☐ Other (describe brid	effy)		digits of your SS ompensation for a		rformed from	(not for loan	-
2.5	ATE DEBT WAS INCUR	2 / 6/		-	-			(date)	(date)
4 C		AIM Check the appropria	te box or boxes that		DURT JUDGMEN be your claim and s			the time case filed	
1	SECURED NONPRIORI	•			SECURED	CLAIM			
	Check this box if a) there i	is no collateral or lien securing roperty securing it, or if c) no	ng your claim or b) y ne or only part of you	our claim ir claim is	a nght o	this box if you of setoff) scription of		red by collateral (i	including
UNS	ECURED PRIORITY CL						Motor Vehicle	Поп	
Ш	Check this box if you have entitled to pnonty	an unsecured claim, all or pa	art of which is			r ⊑state ∟ f Collateral		Other Other	0-6
	Amount entitled to priority	\$			Amount of a	rrearage an		at time case filed	
	Specify the priority of the cl				secured clai	m, if any :	1908	08	
	Wages, salaries or commis before filing of the bankrupt business, whichever is earl		ned within 180 days ne debtor's		services for perso Taxes or penalties	onal family o	r household use -1 /emmental units - 1	o, or rental of proper 1 U S C § 507(a)(7 11 U S C § 507(a)(§ 507(a) ())
	Contributions to an employ	ee benefit plan - 11 USC §	§ 507(a)(5)	-	* Amounts are sul	biect to adius	tment on 4/1/07 an	nd every 3 years the	reafter
5 TO	OTAL AMOUNT OF CLA	VM \$	Š	100		ses <u>commen</u> \$	ced on or after the	date of adjustment. \$	*
A	T TIME CASE FILED	(unsecu		/-/ <i>()</i>	OOD Cured)	Ψ	(pnonty)		(Total)
DZ)	Check this box if claim incli	udes interest or other charg	es in addition to the	-	•	Attach iter			
6 CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach comes of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary									
8 D.	ATE-STAMPED COP roof of claim	Y To receive an ackno	wledgment of the	filing of yo	our claim, enclose	a stamped	, self-addressed	envelope and co	py of this
for gas B	CCEPTED) so that it is	pleted proof of claim for actually received on or (including individuals, keting Center	before 5:00 pm, partnerships, co	prevailing rporation BY HAND C BMC Grou Attn USAC	J Pacific time, or is, joint ventures IP OVERNIGHT DE	n Novembe s, trusts and ELIVERY TO	r 13, 2006 d	THIS SPACE USE (FPICA 9/25/2	ONLY
	Segundo, CA 90245-09			El Segundo	o, CA 90245			712017	UUQ
9	-21-04	arm Guarine	y of power of attorne らてでし ひれいみゃしそ	y if arly)	Dhe .	(TRUE)	DOMANIE	WIND 1 4 1 m cm -	SA CMC
Penal	ty for presenting fraudulent	claim is a fine of up to \$500 (000 or imprisonment	for up to 5	vears or both 18	USC 661	52 AND 3571	1072	2500220

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPTCY COURT	Dist	TRICT	of Nevada		PROOF OF CLAIM
Name of Dehtor USA Commercial Mortgage Company Case Number 06-10725-LBR						PROOF OF GEARN
NOTI: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503]
Name of Creditor (dubtor owes money Michael	The person or other entity to whom the or property) el John Goodwin	else your	has filed claim ig partic		relating to latement	
Name and address Michael Goodw	where notices should be sent		es from	f you have never r the bankruptcy o		
555 Yellow Pine Reno, NV 8951 Telephone number	1	Chec addr	k box if	f the address differ the envelope sent t		This Space is for Court Usi-Only
Last four digits of a identifies debtor	ecount or other number by which creditor	1	k here s claum	✓ replaces amends a p	reviously file	ed claim dated, 12/7/06
✓ Money Persona	sold s performed		i i		nd compens f your SS # atton for serv	
2. Date debt w	as incurred 2001	3.	If cou	irt judgment, da	nte obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 505,538 20 Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority \$						
interest or additional charges. 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. This Space is for Court Usi C						THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and envidence of perfection of line. DO NOT SENIO OBJECTIVAL DOCUMENTS TO Act.						USA CMC
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					FILED JAN 1 º 31	
1/8/07	Sign and print the name and title, if any of i file this claim (attach copy of power of attor	mey, if any	or other)	r person authoriz	zed to	FILED JAN 1° 37 FILED JAN 12 2007
					[1	ILED JAN I % KUU

FORM B10 (Official Form 10) (10/05)

FUNW DIU (Unicial Funit To) (Toros)							
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada Case Number 06-10725-LBR	PROOF OF CLAIM					
Name of Dubtor USA Commercial Mortgage Company							
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may							
Name of Creditor (The person or other entity to whom the debtor owes money or property). Dwight W Pharouff & Mary Ann Harouff Trustees of the Harouff Chantable Remainder Trust 9/5/96	debtor owes money or property) Dwight W Harouff & Mary Ann Harouff Trustees else has filed a proof of claim relating to your claim. Attach copy of statement						
Name and address where notices should be sent Dwight W & Mary Ann Harouff 5680 Ruffian Road Las Vegas, NV 89149	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by						
Telephone number (702) 873-6688	the court.	THIS SPACE IS FOR COURT USE ONLY					
Last four digits of account or other number by which creditor identifies debtor	Check here replaces amends a previously filed of	claim dated					
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed					
2. Date debt was incurred July, 2005	3. If court judgment, date obtained						
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 284,090 98 Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the laim Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. \$ 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5)							
5 Total Amount of Claim at Time Case Filed \$ 284090 98							
interest or additional charges 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. This Space is for Court Usi Only							
7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu. 8. Date-Stamped Copy To receive an acknowledgment of the final addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of file this claim (attach copy of power of auto).	acts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the Imminous attach a summary Iting of your claim, enclose a stamped, self- the creditor or other person authorized to	JAN 1 0 2007					
1/9/07 Way Haron Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	Dwight W Harouff, Trustee	USA CMC					